

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Political Action Committee of the American Association of Orthopaedic Surgeons</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00343137	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
Full Name (Last, First, Middle Initial) of Payee <b>Mentzer Media Services, Inc</b>		Date MM / DD / YYYY <b>10 / 17 / 2012</b>	
Mailing Address 600 Fairmount Ave Suite 306		Amount <b>20000.00</b>	
City Towson	State MD	Zip Code 21286-1002	Transaction ID : <b>ED5FC54486E084F149A9</b>
Purpose of Expenditure Radio Airtime-Tom Price	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>GA</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Thomas E. Price		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>20000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee <b>Mentzer Media Services, Inc</b>		Date MM / DD / YYYY <b>10 / 17 / 2012</b>	
Mailing Address 600 Fairmount Ave Suite 306		Amount <b>82000.00</b>	
City Towson	State MD	Zip Code 21286-1002	Transaction ID : <b>ECFB7BFEAF82744739B0</b>
Purpose of Expenditure Radio Airtime -Dean Heller	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NV</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Dean Heller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>122000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>102000.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures.....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">William Robb</p> <p>Signature _____ [Electronically Filed] Date MM / DD / YYYY <b>10 / 17 / 2012</b></p>			